



**The State Bar of California**  
**Department of Legal Specialization**  
**180 Howard Street · San Francisco, CA 94105-1639**  
**(415) 538-2120 · [legalspec@calbar.ca.gov](mailto:legalspec@calbar.ca.gov)**

\$: \_\_\_\_\_ REC'D BY: \_\_\_\_\_

Activity # \_\_\_\_\_

FOR OFFICIAL USE ONLY

## LEGAL SPECIALIST EDUCATION PROVIDER APPLICATION

**Include one copy of the application and all the attachments.**

**Include the \$300 non-refundable filing fee.**

### 1) CONTACT INFORMATION

Contact Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider #: \_\_\_\_\_

Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Web-site: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_

### 2) SPECIALTY AREA

***If you are a provider in multiple specialty areas, you must submit a separate application for EACH specialty area.***

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Admiralty & Maritime Law               | <input type="checkbox"/> Appellate Law         | <input type="checkbox"/> Bankruptcy Law               | <input type="checkbox"/> Criminal Law              |
| <input type="checkbox"/> Estate Planning, Trust and Probate Law | <input type="checkbox"/> Family Law            | <input type="checkbox"/> Franchise & Distribution Law |  |
| <input type="checkbox"/> Immigration & Nationality Law          | <input type="checkbox"/> Legal Malpractice Law | <input type="checkbox"/> Taxation Law                 | <input type="checkbox"/> Workers' Compensation Law |

### 3) TYPE OF PROVIDER

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Commercial Educator                        | <input type="checkbox"/> Corporate Counsel                  | <input type="checkbox"/> Education Institute            | <input type="checkbox"/> Government Agency     |
| <input type="checkbox"/> Individual                                 | <input type="checkbox"/> Law Firm                           | <input type="checkbox"/> Legal Professional Association | <input type="checkbox"/> Local Bar Association |
| <input type="checkbox"/> Minority, Women, Specialty Bar Association | <input type="checkbox"/> Non-Legal Professional Association | <input type="checkbox"/> State Bar Association          |  |
| <input type="checkbox"/> Other (Describe) _____                     |   |   |  |

### 4) ATTESTATION

Read, sign and date below. Your signature **MUST** be original.

I agree to comply with Section 7.0, Approval of Education Programs, of the Rules Governing the State Bar of California Program for Certifying Legal Specialists.

I agree that all educational activities offered for legal specialization educational credit shall meet the criteria for educational activities according to Section 7.3 of the Rules Governing the State Bar of California Program for Certifying Legal Specialists.

I agree to keep a record of attendance for six years from the date of each educational offering. Information regarding attendance will be furnished to the Board of Legal Specialization (BLS) upon request by the BLS or the attendee.

I declare under penalty of perjury under the laws of the State of California that the foregoing answers and statements are true and correct.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 4) SUBMISSION CHECK LIST

- ☐ Enclose \$300 application fee. Make check payable to "The State Bar of California."
- ☐ Attach your approval letters for four legal specialist activities which have occurred in the last two years.

Mail to: The State Bar of California  
Legal Specialization-Provider Approval  
180 Howard Street  
San Francisco, CA 94105-1639



## The State Bar of California Board of Legal Specialization Credit Card Authorization Form

### Applicant Information

Bar Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Credit Card Information

- ☐ Visa  
☐ MasterCard

Only Visa and MasterCard credit cards are accepted.

Credit Card Number: \_\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature on this document, I/we hereby authorize The State Bar of California to charge my/our Visa or MasterCard account for the amount that I have entered in the "total" box below.

Description	Amount Paid
Legal Specialist Education Provider Application Fee- \$300	\$